



*UNITED STATES DISTRICT COURT*  
District of Oregon

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**NOTICE OF JUDICIAL REASSIGNMENT**

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Date of Reassignment: March 31, 2025  
Case Number: 3:25-cv-00514-AB  
Case Title: Empower Clinic Services, L.L.C. v. LegitScript LLC

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(A) **Case Reassignment:** In accordance with the Court's Case Management Plan, the above-captioned case has been reassigned from the Honorable Marco A Hernandez to the Honorable Amy M. Baggio, United States District Judge. Information on this case may be obtained from the following:

Case Status or Scheduling Information:	Telephone: 503-326-8051 Email: <a href="mailto:baggio_crd@ord.uscourts.gov">baggio_crd@ord.uscourts.gov</a>
Filing or Docket Entry Information:	Telephone: 503-326-8050

(B) **Place of Filing:** Unless electronically filed, an original and copy of all documents will be filed with the Clerk's Office, Mark O. Hatfield U.S. Courthouse, 1000 S.W. Third Ave., Portland, OR, 97204.

(C) **Change to the Case Number:** Effective immediately, Judge Baggio's initials (AB) will replace the previous judge's initials in this case.

**MELISSA AUBIN**  
Clerk of Court

cc: Judge Baggio  
Counsel of Record

**UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON**

**EMPOWER CLINIC SERVICES, L.L.C.**

**Case No.: 3:25-cv-00514-AB**

Plaintiff,

**v.**

**LEGITSCRIPT L.L.C.**

Defendant.

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**Consent to Jurisdiction by a Magistrate Judge  
and Designation of the Normal Appeal Route**

Pursuant to Fed. R. Civ. P 73(b), as counsel for the party (parties) identified below, I consent to have a United States Magistrate Judge conduct any and all proceedings in this case, including entry of orders on dispositive motions, trial, and entry of final judgment. I understand that withholding consent will not result in any adverse consequences. Pursuant to Fed. R. Civ. P. 73(c), I agree that an appeal from a judgment entered at a Magistrate Judge's direction may be taken to the court of appeals as would any other appeal from a district court judgment.

**DATED:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name and OSB ID:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Parties Represented:** \_\_\_\_\_